



# Certificate of Liability Insurance (COI)

DATE (MM/DD/YYYY)

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

|             |                                      |                |        |
|-------------|--------------------------------------|----------------|--------|
| PRODUCER    | CONTACT NAME:                        |                |        |
|             | PHONE (A/C, No, Ext):                | FAX (A/C, No): |        |
| INSURED     | E-MAIL ADDRESS:                      |                |        |
|             | <b>INSURER(S) AFFORDING COVERAGE</b> |                | NAIC # |
|             | INSURER A :                          |                |        |
|             | INSURER B :                          |                |        |
| INSURER C : |                                      |                |        |
| INSURER D : |                                      |                |        |
| INSURER E : |                                      |                |        |
| INSURER F : |                                      |                |        |

**COVERAGES**

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR                            | TYPE OF INSURANCE   | ADDL INSR                           | SUBR WVD                            | POLICY NUMBER | POLICY EFF (MM/DD/YYYY)             | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|-------------------------------------|---|-------------------------------------|-------------------------------------|---------------|-------------------------------------|-------------------------|--|
|                                     | <b>GENERAL LIABILITY</b>  |                                     |                                     |               |                                     |                         | EACH OCCURRENCE \$ 1,000,000                     |
| <input checked="" type="checkbox"/> | COMMERCIAL GENERAL LIABILITY  |                                     |                                     |               |                                     |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$     |
| <input type="checkbox"/>            | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                       |                                     |                                     |               |                                     |                         | MED EXP (Any one person) \$                      |
| <input type="checkbox"/>            | Broad Form Property Damage  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |               |                                     |                         | PERSONAL & ADV INJURY \$ 1,000,000               |
| <input type="checkbox"/>            | Blanket Contractual   |                                     |                                     |               |                                     |                         | GENERAL AGGREGATE \$ 2,000,000                   |
|                                     | GEN'L AGGREGATE LIMIT APPLIES PER:  |                                     |                                     |               |                                     |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000              |
| <input type="checkbox"/>            | POLICY  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |               |                                     |                         |  |
|                                     |   |                                     |                                     |               |                                     |                         |  |
|                                     | <b>AUTOMOBILE LIABILITY</b>   |                                     |                                     |               |                                     |                         | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| <input checked="" type="checkbox"/> | ANY AUTO  |                                     |                                     |               |                                     |                         | BODILY INJURY (Per person) \$                    |
| <input checked="" type="checkbox"/> | ALL OWNED AUTOS   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |                                     |                         | BODILY INJURY (Per accident) \$                  |
| <input checked="" type="checkbox"/> | HIRED AUTOS   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |               |                                     |                         | PROPERTY DAMAGE (Per accident) \$                |
|                                     |   |                                     |                                     |               |                                     |                         |  |
|                                     | <b>UMBRELLA LIAB</b>  |                                     |                                     |               |                                     |                         | EACH OCCURRENCE \$                               |
| <input type="checkbox"/>            | EXCESS LIAB   |                                     |                                     |               |                                     |                         | AGGREGATE \$                                     |
|                                     | DED   |                                     |                                     |               |                                     |                         |  |
|                                     | RETENTION \$  |                                     |                                     |               |                                     |                         |  |
|                                     | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                        |                                     |                                     |               |                                     |                         | WC STATUTORY LIMITS                              |
|                                     | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) |                                     |                                     |               |                                     |                         | OTHER  |
|                                     | If yes, describe under DESCRIPTION OF OPERATIONS below                      | <input type="checkbox"/>            | <input type="checkbox"/>            | N/A           | <input checked="" type="checkbox"/> |                         | E.L. EACH ACCIDENT \$ 500,000                    |
|                                     |   |                                     |                                     |               |                                     |                         | E.L. DISEASE - EA EMPLOYEE \$                    |
|                                     |   |                                     |                                     |               |                                     |                         | E.L. DISEASE - POLICY LIMIT \$                   |

SAMPLE

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

- MAC Construction Group and MAC Construction and Development, LLC shall be named as Additional Insured with Respect to the General Liability & Automobile Liability per Forms (CG2010 & CG2037 or MAC Construction Group Approved Equivalent)
- General Liability & Automobile Liability is Primary and Non-Contributory.
- Waiver of Subrogation Applies to General Liability, Automobile Liability, & Workers Comp.
- 30 Day Notice of Cancellation Applies to All Forms of Coverage.

**CERTIFICATE HOLDER**

**CANCELLATION**

|  |   |
|--|---|
|  | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> |
|  | <p>AUTHORIZED REPRESENTATIVE</p>  |